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COVER LETTER

Registration Section TO: 2011 DEC 21 PH 12: 23 **Division of Corporations** RSA INVESTMENT ENTERPRISE LLC SECRETARY OF STATE FAEL AHASSEE, FLORID! SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: VIJAIANTIE JADNAUTH Name of Person RSA INVESTMENT ENTERPRISE LLC Firm/Company P O BOX 960552 Address INWOOD, NY, 11096 City/State and Zip Code laxmiremgmt@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Vijaiantie Jadnauth 257-0588 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 DEC 21 PM 12: 23

| RSA INVESTMEN | NT ENTERPRISE I | LLC | SECRETARY OF STATE |
|--|---|---|---|
| (Name of the Limited (A | Liability Company (Florida Limited Liab | as it now appears on our re- ility Company) | SECRETARY OF STATE cords.) TALLAHASSEE.FLORID/ |
| The Articles of Organization for this Limited Liab Florida document number L16000106176 | oility Company we | re filed on 06/03/2016 | and assigned |
| This amendment is submitted to amend the follow | ving: | | |
| A. If amending name, enter the new name of the | he limited liability | y company here: | |
| The new name must be distinguishable and contain the word | ds "Limited Liability (| Company," the designation " | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | ole: | | |
| (Principal office address MUST BE A STREET. | ADDRESS) | | |
| • | _ | | |
| | | | |
| Enter new mailing address, if applicable: | _ | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>0x)</u> _ | | |
| | _ | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | e address on our reco | ords, enter the name of the nev |
| Name of New Registered Agent: | | | |
| Now Registered Office Address: | | | |
| New Registered Office Address: Enter Florida street address | | dress | |
| | | | , Florida |
| | | City | Zip Code |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch | and complete per ered agent as pro gistered office ad | rformance of my duties vided for in Chapter 60 | s, and I am familiar with and 05, F.S. Or, if this document is |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| Title. | <u>Name</u> | Address | Type of Action |
|--------|---------------------|------------------|----------------|
| MGR | RYAN H. JADNAUTH | P O BOX 960552 | = Add |
| | | INWOOD, NY 11096 | Remove |
| | | | Change |
| AMBR | VIJAIANTIE JADNAUTH | P. O. BOX 960552 | |
| | | INWOOD, NY 11096 | ■ Remove |
| | | | ☐ Change |
| мGR | STEPHEN P. JADNAUTH | P. O. BOX 960552 | |
| | | INWOOD, NY 11096 | Remove |
| | | | Change |
| MGR | AJAY M. JADNAUTH | P. O. BOX 960552 | Add |
| | | INWOOD, NY 10096 | ☐ Remove |
| | | | ☐ Change |
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| Note: | /e date, if other than the date of filing: |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. |
| Dated_ | DECEMBER 18 2018 |
| | 19402 |
| | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00